

ST. THOMAS MORE SCHOOL

Summer Day Camp Registration

3515 So. 48th Ave. Omaha, NE 68106

Phone: 402-551-9504/ Fax: 402-551-9507



Child(ren) Name:

Current Grade:

Parent Email:

Please choose an option:

- Full Day** 9am-3pm: \$145/week per child
- Half Day** 9am-12pm: \$100/week per child

Preschool - 1st Grade

- June 1-5 Cooking with Kids
- June 8-12 Little Picasso Art Camp
- June 15-19 Summer Scientist
- June 22-26 Summer Sports & Games
- July 6-10 Little Explorers DIY Camp
- July 13-17 Ocean Fun/Water Week I
- July 20-24 Ocean Fun/Water Week II

1st - 4th Grade

- July 6-10 Lego Storytelling & Engineering
- July 20-24 Art

5th - 7th Grade

- July 13-17 Theater

Registration Requirements

- Summer Day Camp is offered to St. Thomas More families who currently have students enrolled in Preschool-7th grade.
- Children must be 3 years old and potty trained before their first session.
- Full Day Campers will need to bring a sack lunch.

STM Summer Day Camp Payment Information

- A non-refundable **\$25 deposit per child/per week** is required to secure your child's spot at the time of registration. The \$25 deposit per child per week will go towards your weekly cost.
- Weekly payments for Summer camp must be paid in full prior to/or at **Monday morning drop-off** of the session your child is enrolled in.

Payment Options

- **Checks** made out to OCSC (Omaha Catholic Schools Consortium) or **Cash**/exact change only.
- **Credit card** (additional 3% fee applies) or **debit card** (no extra fee) by calling the school office by Thursday, May 21st.
- Returned payments/non-sufficient funds will be assessed a \$25 return payment fee.
- Registration payments and deposits are non-refundable.

St. Thomas More Parental Permission Form and Release of Liability for St. Thomas More Summer Day Camp.

I, _____, am the parent and/or legal guardian of

_____, a minor child under the age of 18 years. I would like to have my child participate in the St. Thomas More Summer Program (the PROGRAM) which will take place from June 1st, 2026 to July 24th, 2026.

In consideration for my child being allowed to participate in this PROGRAM, I the undersigned, acknowledge, appreciate and agree that:

1. This PROGRAM affords my child the opportunity to participate in a wide range of academic, physical, play and other activities. I choose to voluntarily allow my child to participate in this PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.

2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this PROGRAM. I agree to pay for any medical costs that exceed the limits of my insurance coverage. I do not have medical insurance, but understand that St. Thomas More is not responsible for medical expenses that may directly or indirectly result from my child's participation in this PROGRAM.

3. I certify that my child is physically fit to participate and I know of no medical reason why my child should not participate.

4. I hereby release, waive, and discharge St. Thomas More School, Parish and all its Boards, its officers, agents, employees, affiliates and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in this PROGRAM, whether caused by negligence of St. Thomas More School, Parish and all its Boards, its officers, agents, employees, affiliates and representatives. I also agree to indemnify and hold harmless the St. Thomas More School, Parish and all its Boards, its officers, agents, employees, affiliates and representatives for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this PROGRAM. I choose to voluntarily allow my child to participate in this PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED HEREIN, AND TO DISCUSS ANY QUESTIONS OR CONCERNS I MAY HAVE WITH ST. THOMAS MORE SCHOOL OR ITS AFFILIATE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Signature of Parent and/or Legal Guardian

Date

Children's Record

PARENTS: PLEASE FILL IN ALL BLANKS

Child(ren)'s Name: _____ Birthdate(s): _____

Enrollment Date: _____ Updates: _____ Date Care Ceased: _____

Parent or Guardian's Home Address and Employment Address:

FATHER (or Guardian):

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

MOTHER (or Guardian):

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Person(s) to Whom the Child(ren) may be Released by the Caregiver: (If no one, please write "none")

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Person(s) Who Will Take Responsibility for the Child(ren) in an Emergency When the Parent (or Guardian) Cannot be Reached: (ONE NAME MUST BE GIVEN)

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to _____

Caregiver

to contact Doctor _____

Name of Physician

Phone

and, if necessary, take my child(ren) to the

Address

City

following doctor(s), clinics, or hospital _____

Signature of Parent/Guardian

Date

MEDICATION COMPETENCY STATEMENT

I, _____ have determined

Parent /Guardian Name

that _____ is/are competent to give or apply medication to my child(ren).

Provider/Director/Staff Name(s)

Signature of Parent/Guardian

Date

CHILD'S MEDICAL INFORMATION

Current health status or any health problems caregiver should know: _____

Medication, if any: _____

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction. Please give clear instructions in the event of an exposure of the factor: _____

Special Concerns: (Glasses, Hearing Aid, Crutches) _____

Any activities child(ren) should NOT engage in: _____

Company providing health and/or accident insurance coverage: (Optional) _____

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian

Date